DOCUMENT RESUME

ED 328 868 CG 023 176

TITLE AIDS Fact Pack.
INSTITUTION Center for Population Options, Washington, DC.
PUB DATE Dec 90
NOTE 8p.
PUB TYPE Guides - General (050)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; Adolescents; *At Risk Persons; Females; *Health Education; *Sexuality

ABSTRACT

The three fact sheets presented in this document address issues surrounding adolescent sexuality and sexually transmitted diseases (STDs), especially the Acquired Immune Deficiency Syndrome (AIDS). The first fact sheet, "Young Women and AIDS: A Worldwide Perspective," suggests that since open discussions of adolescent sexuality have long been taboo, as have discussions of non-reproductive female sexuality, adolescent female sexuality is doubly taboo. Considering that aside from abstinence, frank discussion of high risk behaviors and safer sex techniques are the only two known methods of stopping the spread of the AIDS virus, this silence prevents young women from learning how to protect themselves from the Human Immunodeficiency Virus (HIV). The second fact sheet, "Adolescents and Sexually Transmitted Diseases," looks at the rapid growth of HIV infection and its implications for the overall reproductive health status of today's adolescents. It is noted that while adolescents, because of their risk-taking behavior, experience higher rates of STDs than any other age group, they are least likely to obtain care. The third fact sheet, "Adolescents, AIDS, and the Human Immunodeficiency Virus," addresses the status of HIV in the United States, HIV infection among teenagers and young adults and teenagers at risk for early, unplanned sexual intercourse, STDs, drug and alcohol use, running away, and prostitution. References are included. (BHK)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

[AIDS FACT PACK]

[Center for Population Options]

ED328868

C6023176

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☑ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Gena C. Braveboy

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

The Facts

REFERENCES

[1]Centers for Disease Control, *HIV/AIDS Surveillance Report*, October, 1990.
[2]Centers for Disease Control, *Morbidity and Mortality Weekly Report*, Vol. 39, No. SS-3, October, 1990.
[3]S. Chu and J. Buehler, "Impact of the Human Immunodeficiency Virus Epidemic on Mortality in Women of Reproductive Age, U.S.," *Journal of American Medical Association*, Vol. 264, No. 2, 1990.
[4] Telephone interview with Susan Chu, Alan Guttmacher Institute, regarding forthcoming publication.
[5]C. Weisman et al., "AIDS Knowledge, Perceived Risk and Prevention Among Adolescent Clients of a Family Planning Clinic," *Family Planning Perspectives*, Sept/Oct, 1989.
[6]J. Allen and J. Curran, "Prevention of AIDS and HIV Infection: Needs and Priorities for Epidemiologic Research," *American Journal of Public Health*, Vol. 78, No. 4, 1988.
[7]G. Remafedi, "Preventing the Sexual Transmission of AIDS During Adolescence," *Journal of Adolescent Health Care*, Vol. 9, No. 2, 1988.
[8]White Paper on Adolescent Health. Chicago, Illinois: American Medical Association, 1986.
[9]A. Manov and L. Lowther, "A Health Care Approach for Hard-to-reach Adolescent Runaways," *Nurse Clinicians of North America*, Vol. 18, 1983.
[10]United Nations, Department of International Economic and Social Affairs, *Adolescent Reproductive Behavior: Evidence from Developing Countries, Volume II*, United Nations, New York, 1989.
[11]Demographic and Health Surveys, Institute for Resource Development, Columbia, Maryland, 1986-9.
[12]L. Morris, "Sexual Experience and Use of Contraception Among Young Adults in Latin America," paper presented at the International Conference on Adolescent Fertility in Latin America and the Caribbean, Oaxaca, Mexico, November 6-9, 1989. Intercourse here refers to penis-vaginal intercourse; anal intercourse is sometimes practiced among Latin American teens, both as a means of birth control and to technically preserve virginity.
[13]"The Health of Youth: Facts for Action, Youth, and AIDS" World Health Organization, 1989.

the Center for Population Options

YOUNG WOMEN AND AIDS: A WORLDWIDE PERSPECTIVE

Worldwide, open discussions of adolescent sexuality have long been taboo, as have discussions of non-reproductive female sexuality. Adolescent female sexuality, then, is doubly taboo. Considering that aside from abstinence, frank discussion of high risk behaviors and safer sex techniques are the only two known methods of stopping the spread of the AIDS virus, this silence prevents young women from learning how to protect themselves from HIV infection.

Young Women and AIDS in the U.S.

- In the United States, women constitute the fastest growing group of persons with AIDS. As of September 30, 1990 there were 14,452 reported cases of adolescent and adult women with AIDS, representing a 49 percent increase from the previous year.[1]
- The annual incidence of AIDS among children and women of childbearing age in the U.S. has been increasing every year for most racial/ethnic groups but has been persistently higher among blacks and Latinos than other groups.[2]
- In New York City, AIDS is the leading killer of women between the ages of 25-34. Because of the long latency period between HIV infection and the onset of symptoms, most were likely infected with HIV as adolescents.[3]
- There are currently 140 reported AIDS cases among adolescent females ages 13-19 in the United States. This relatively low prevalence rate undoubtedly underestimates the true HIV infection rate in adolescents who, because of the long latency period of HIV, do not show symptoms of AIDS until they are in their 20s.[1]
- The number of reported AIDS cases in adolescent women ages 13-19 increased a startling 71 percent between September 1989 and September 1990 in the U.S.- more than twice the increase among adolescent males of the same age for the same time period.[1]

Behavioral Risk Factors For Young Women In the U.S.

- Adolescents are becoming sexually active at an increasingly younger age. In a recent survey, one-third of never married 16-year-old women in the United States have had sexual intercourse.[4] Adolescents who initiate sexual intercourse at younger ages are more likely to have multiple partners in their adolescent years, thus increasing their chances of acquiring an STD, including HIV.[5]
- Females who become infected with HIV through sexual transmission tend to be younger at diagnosis of AIDS than are males with any risk factor as well as women who have a history of IV drug use. This difference is thought to occur because of the tendency of young women to have sexual intercourse with older men who often have had a higher chance of exposure to HIV through multiple partners, and are more likely to have used intravenous drugs.[6]
- Use of drugs and alcohol can compromise judgment and reduce the likelihood that a young woman will make appropriate decisions about protecting herself from HIV infection.[7]
- More than 900,000 youth, two-thirds of them female, are involved in prostitution; their average age is 15.[8] Nearly four-fifths of adolescent female prostitutes are thought to be runaways.[9]

Frequency of STDs, Early Sexual Activity Associated with Increased HIV Risk in Developing Countries

- Sexual intercourse is common among teens in both Africa and Latin America. The average age of first intercourse among adolescent males in Latin America is 15; for females, it is 17. In Africa women marry very young which, combined with the practice of polygamy, increases their exposure to HIV through their husband's multiple partners.[10,11,12]

REFERENCES (Cont'd)

[11]B. Proano R. ed., "Encuesta de Informacion Y Experiencia Reproductiva De Los Jovenes Ecuatorianos En Quito y Guayaquil," Centro de Estudios de Poblacion y Paternidad Responsable. Quito, Ecuador, 1989.

[12]G. Castellanos, A. Conde, and E. Monterroso, "Encuesta Sobre Salud Y Educacion Sexual De Jovenes, Departamento de Guatemala, Areas Urbanas, Reporte Final," Asociacion Guatemalteca de Educacion Sexual, Guatemala City, Guatemala, February, 1989.

[13]E. Washington, R. Sweet, and M. Shafer, "Pelvic Inflammatory Disease and Its Sequelae in Adolescents," Journal of Adolescent Health Care, 1985:6.

[14]WHO statistics as of September, 1990, "Number of Known Cases of AIDS in the Region of the Americas".

[15]*New York Times*, 16 September 1989, "AIDS in Africa: A Killer Rages On"

[16]Population Reference Bureau, "Teen Mothers, Global Patterns," June 1989.

[17]International Association for Adolescent Health Newsletter, IV:4, September 1990, "Street Kids and AIDS: Challenging Youth Workers."

[18]Interview with Mark Connolly of Childhope, CPO Staff.

[19]*Connexions: Women and AIDS*, "Imported AIDS".

[20]Isis Women's Health Journal, #17, "Adverse Affects of AIDs on Women," January-March, 1990.

[21]E. De La Vega, "Considerations for Reaching the Latino Population with Sexuality and HIV/AIDS Information and Education," SEICUS Report, Vol. 18 No. 3, February/March, 1990.

[22]*New York Times*, 28 October 1990, "Toll of AIDS on Uganda's Women Puts Their Roles and Rights in Question".

[23]Family Health International, Research Triangle Park, North Carolina, *Network*, Vol.11, Number 2, April 1990, "HIV and Breastfeeding: Risks and Realities".

[24]"Coolfont Report: A Public Health Service Plan for Prevention and Control of AIDS and the AIDS Virus," *Public Health Reports*, Vol. 101, 1986.

[25]WHO statistics as of September 1990.

Center for Population Options

Center for Population Options
1025 Vermont Ave., NW
Suite 210
Washington, DC 20005
(202) 347-5700

©Center for Population Options
December 1990
Permission is hereby granted to quote or reproduce with credit to CPO.

- STDs such as gonorrhea and syphilis increase the likelihood of HIV transmission through anal, oral, or vaginal intercourse. WHO also reports that worldwide one in 20 teenagers contracts an STD each year. Young women are often especially vulnerable to STDs because most cultures permit them less access to knowledge of STDs than young men, and thus they are less aware of how to protect themselves, and because their developing cervical anatomy makes them more vulnerable to STDs.[13,14,15,16]
- In Latin America, Brazil and Mexico lead in numbers of documented cases of AIDS among youth ages 15-24. While no similar statistics are available for Africa, the number of pregnant women who are HIV positive is a good indication of the incidence of the virus among women of childbearing age. In Blantyre, Malawi, Lusaka, Zambia, and Kigali, Rwanda, recent studies of pregnant women show rates of seropositivity between 22 and 30 percent. Given that births to adolescent women comprise nearly 20 percent of all births in sub-Saharan Africa, many of these young mothers who are HIV-positive are likely to be adolescents.[17,18,19]

Cultural, Economic Factors Contribute to Regional Variations in Patterns of Transmission

- Children living on the street are at a tremendous risk of becoming infected with HIV because of their vulnerability to sexual exploitation. Data show HIV positive levels to be between 2 and 10 percent for street youth in the U.S., Brazil, the Dominican Republic, and Mexico.[20,21]
- Prostitutes, who often do not have the power to insist that their clients wear condoms, are in great danger of contracting HIV. In Thailand, one source reports that 6 percent of the country's 10,000 HIV-positive people are female prostitutes between the ages of 15 and 20, and the incidence of sexual transmission is rising.[22]
- Cultural factors often deprive women of the power necessary to negotiate condom use with their partner. In Latin America, women risk accusations of unfaithfulness if they suggest that their partner use a condom. In Africa, where condoms are not available in many areas and polygamy is still a relatively common practice, women who are economically dependent on their husbands frequently lack the authority to insist on condom use. In the Far East, prostitutes may lose customers if they demand condoms.[22,23,24]
- In Africa, men who have sex with younger women to protect themselves from the virus have begun transmitting it to this group. The Ministry of Health in Uganda now reports twice as many cases of AIDS among girls ages 15-19 as among boys in the same age group.[25]

Future Trends

- Percentages of pregnant women and mothers who are HIV positive are also important indicators of the toll the virus will take in the future. Thirty to 40 percent of the children born to HIV positive mothers will themselves carry the virus, but even children born without it will be affected. According to WHO estimates, between 6 and 11 percent of the children under 15 in central and eastern Africa will lose one or both parents to AIDS in the nineties, greatly reducing their prospects for survival. Worldwide, WHO estimates that by 1992 at least one million children will be born to HIV positive mothers.[25,26]
- The U.S. Public Health Service has projected that there will be approximately 3,000 cases of pediatric AIDS by the end of 1991, and most of these infants will have acquired the infection by transmission from their mothers.[27]
- The World Health Organization (WHO) estimates that during the 1990s the AIDS pandemic will kill approximately three million or more women and children throughout the world and more than 10 million uninfected children will be orphaned because their parents have died from AIDS.[28]

Compiled by Jennifer Hirsch and Jennifer Hincks, December 1990

The Facts

References

[1]*Annual Report*, Division of STD/HIV Prevention, Centers for Disease Control: Atlanta, 1989.
[2]*HIV/AIDS Surveillance Report*, Centers for Disease Control: Atlanta, August 1990.
[3]"Progress Toward Achieving the 1990 Objectives for the Nation for Sexually Transmitted Diseases," *Morbidity and Mortality Weekly Report*, February 2, 1990.
[4]W.L. Whittington and J.S. Knapp, "Trends in Resistance of Neisseria Gonorrhoeae to Antimicrobial Agents in the United States," *Sexually Transmitted Diseases*, 1988.
[5]T. Bell and K. Holmes, "Age-specific Risks of Syphilis, Gonorrhea, and Hospitalized Pelvic Inflammatory Disease in Sexually Experienced U.S. Women," *Sexually Transmitted Diseases*, Oct/Dec 1984.
[6]W. Rosenfeld et al., "Human Papillomavirus Infection of the Cervix in Adolescents," *Pediatric Research*, 1987,21:177A.
[7]A.G. Randolph and A.E. Washington, "Screening for Chlamydia Trachomatis in Adolescent Males: A Cost-Based Decision Analysis," *American Journal of Public Health (AJPH)*, May 1990.
[8]C.S. Weisman et al., "AIDS Knowledge, Perceived Risk and Prevention Among Adolescent Clients of a Family Planning Clinic," *Family Planning Perspectives (FPP)*, Sep/Oct 1989.
[9]M. Zelnik and F.K. Shah, "First Intercourse Among Young Americans," *FPP*, Mar/Apr 1983.
[10]National Center for Health Statistics (NCHS), National Survey of Family Growth (NSFG), 1982 and 1988.
[11]F.L. Sonenstein, J.H. Pleck, and L.C. Ku, "Sexual Activity, Condom Use and AIDS Awareness Among Adolescent Males," *FPP*, Jul/Aug 1989.
[12]"Adolescents Surveyed About Health Issues," *FLEducator*, Spring 1989.
[13]R. Hingson, L. Strunin, and B. Berlin, "AIDS Transmission: Changes in Knowledge and Behaviors Among Adolescents, Massachusetts Statewide Surveys, 1986-1988," *Pediatrics*, 1989.
[14]R.W. Hingson et al. "Beliefs about AIDS, Use of Alcohol and Drugs, and Unprotected Sex among Massachusetts Adolescents," *AJPH*, March 1990.
[15]M. Klitsch "Teenager's Condom Use Affected by Peer Factors, Not by Health Concerns," *FPP*, Mar/Apr 1990.

the Center for Population Options

ADOLESCENTS AND SEXUALLY TRANSMITTED DISEASES

The rapid growth of HIV infection raises significant concerns about the overall reproductive health status of today's adolescents. Teenagers, because of their risk-taking behaviors, are at risk of HIV infection, a threat which is further complicated by the dramatic leap in other sexually transmitted diseases (STDs). While adolescents experience higher rates of STDs than any other age group, they are least likely to obtain care. When left undiagnosed and untreated, STDs exact a high cost in pelvic inflammatory disease, infertility, ectopic pregnancy, and cervical cancer. They also can facilitate transmission of HIV.

Sexually Transmitted Diseases and HIV Infection

- Every year 2.5 million U.S. teenagers are infected with an STD; this number represents approximately one out of every six sexually active teens and one-fifth of the national STD cases.[1]
- Over one-fifth of people with AIDS are in their 20's.[2] Because the latency period between HIV infection and onset of symptoms is about ten years, most of these people probably became infected with HIV as teenagers.
- As of July 30, 1990, 558 cases of AIDS among teenagers were reported to the Centers for Disease Control. Of the teenagers infected, 44 percent are white, 36 percent are black, 18 percent are Hispanic, and 2 percent are of other races.[2]
- While the rate of syphilis infection declined steadily between 1982 and 1986, it increased dramatically -- by 46 percent-- over the past several years, reaching a rate of 16.6 per 100,000, the highest level in forty years.[3]
- Approximately 1-2 million cases of gonorrhea are believed to occur each year. While rates of gonorrhea have steadily declined, many new penicillin-resistant strains have emerged.[4] Overall rates among adolescents have declined more slowly than any other age group, and have actually increased among black adolescents.[1]
- Among sexually active women, rates of gonorrhea and syphilis infection are highest among adolescents and drop rapidly with increasing age.[5]
- Nearly 1 million cases of human papillomavirus (HPV) are believed to occur each year.[1] One study found that 38 percent of sexually active teens examined were infected with HPV.[6]
- Chlamydia represents the most prevalent STD in the United States, infecting an estimated 4 million people each year.[1] Adolescents have the highest rate of chlamydial infection and associated complications, such as pelvic inflammatory disease, ectopic pregnancy, and infertility.[7]

Behavioral Risk Factors

- Adolescents who initiate sexual intercourse at younger ages are more likely to have multiple partners in their adolescent years, thus increasing their chances of acquiring a STD, including HIV.[8]
- The average age of first sexual intercourse is 16.2 for females and 15.7 for males.[9] From 1982 to 1988, the percentage of 15- to 19-year-old girls who had ever had premarital sexual intercourse increased from 43 percent to 51 percent.[10]
- In metropolitan areas, in 1979, 66 percent of adolescent males ages 17-19 reported that they were sexually active. This number increased to 76 percent in 1988.[11] Reported use of condoms at last intercourse also rose from 21 percent in 1979 to nearly 58 percent in 1988.
- While adolescents exhibit a high level of knowledge about modes of HIV transmission,[12] few sexually active teens change their behavior based on factual information alone. In one 1988 study conducted in Massachusetts where teen

References (Cont'd)

[11]R.R. Brookman, "Adolescent Sexual Behavior," in K. Holmes et al., (Ed.) *Sexually Transmitted Diseases*. Second Edition, N.Y. McGraw-Hill, 1990.

[12]C. Beck-Sague and E.R. Alexander, "Sexually Transmitted Diseases in Children and Adolescents," *Infectious Disease Clinics of North America*, March 1987.

[13]L.S. Zabin and S.D. Clark, Jr., "Institutional Factors Affecting Teenagers Choice and Reasons for Delay in Attending a Family Ploanning Clinic," *FPP*, Jan/Feb 1983.

[14]I.F. Litt and W.R. Cuskey, "Compliance with Medical Regimens During Adolescence," *Pediatric Clinics of North America*, Feb. 1980.

[15]E. Washington, R. Sweet and M. Shafer, "Pelvic Inflammatory Disease and Its Sequelae in Adolescents," *Journal of Adolescent Health Care*, 1985;6.

[16]T.C. Quinn et al. "Human Immunodeficiency Virus Infection Among Patients Attending Clinics for Sexually Transmitted Diseases," *The New England Journal of Medicine*, Jan. 1988.

[17]Sadeghi et al., "Prevalence of Cervical Intraepithelial Neoplasia in Sexually Active Teenagers and Young Adults," *American Journal of Obstetrics and Gynecology*, 1984.

[18]L. Westrom, "Incidence, Prevalence and Trends of Acute Pelvic Inflammatory Disease and its Consequences in Industrialized Nations, *American Journal of Obstetrics and Gynecology*, 1980.

[19]*HIV Prevention Education in the Nation's Public Schools*, National School Boards Association: Alexandria, VA Feb. 1990.

[20]United States General Accounting Office, *AIDS Education: Public School Programs Require More Student Information and Teacher Training*, May 1990.

[21]R.L. North, "Legal Authority for HIV Testing of Adolescents," *Journal of Adolescent Health Care*, March 1990.

[22]C.E. Lewis and H.E. Freeman, "The Sexual History-taking and Counseling Practices of Primary Care Physicians," *Western Journal of Medicine*, 1987.

Center for Population Options

Center for Population Options
1025 Vermont Ave., NW
Suite 210
Washington, DC 20005
(202) 347-5700

©Center for Population Options
August 1990
Permission is hereby granted to quote or reproduce with credit to CPO.

knowledge of HIV is reported to be high, two-thirds of sexually active teens, ages 16-19, reported recent sexual intercourse without the use of condoms.[13]

- Sexually active teens are more likely to use condoms consistently if, in addition to knowing the facts about HIV and STDs, they feel personally at risk; believe condoms are effective in preventing HIV infection; perceive few barriers to their use; consider them to be popular among their peers, and have the skills to negotiate condom use with a partner.[14,15,8]
- Drug and alcohol abuse are major co-factors in the HIV and STD epidemics. While IV drug use provides a direct route for HIV transmission, non-injection drugs and alcohol can compromise judgment, reducing the likelihood that a young person will make appropriate decisions about avoiding HIV.
- HIV infection may be present for up to 10 years before showing symptoms, nonetheless, teenagers often believe that they are capable of identifying someone with HIV infection.[8]
- Many teenagers with an STD are asymptomatic or do not recognize their symptoms,[16] thereby leading to secondary complications, including pelvic inflammatory disease, ectopic pregnancy, cervical cancer, and infertility.
- Adolescents are often reluctant to seek regular reproductive health care or treatment for an STD. Most adolescents learn that they have a sexually transmitted disease only after they have sought health care for some other reason, most often contraception or prenatal care.[17] On average, girls who are sexually active wait 11.5 months between initiating intercourse and making their first visit to a family planning clinic.[18]
- Once diagnosed with an STD, only half of all teenagers will agree to full treatment.[19] This low compliance with treatment regimens has been partly attributed to adolescent concern about confidentiality.[20]

Medical Risk Factors and Implications

- Sexually active adolescents who suffer from genital ulcers associated with syphilis or genital herpes may be at greater risk of acquiring HIV. Several studies have shown that genital ulcers facilitate transmission of HIV.[21]
- Adolescent females suffer disproportionately from the more severe conditions of STDs. This fact is attributed, in part, to their developing cervical anatomy which predisposes them to STDs and subsequent infections.[20]
- Young women who initiate intercourse at an early age face the greatest risk of developing cervical cancer, usually discovered 6-20 years after first coitus.[22]
- Each year, approximately one million women experience an episode of pelvic inflammatory disease (PID), 16-20 percent of whom are adolescents.[20] Adolescent females with multiple partners have the greatest risk of developing acute PID. Among sexually active women, adolescents face a one-in-eight chance of developing PID compared with a one-in-eighty chance among 24-year-old women.[23]
- An estimated 60,000 women each year become infertile as a result of PID.[23] Women ages 15-24 who have experienced an episode of PID face a 9.4 -52 percent risk of becoming infertile, depending upon the number of repeat infections.

Access to Education and Services

- Twenty-eight states and the District of Columbia require some form of HIV education for students.[24] While the majority of school districts provide some form of HIV education, most do not require it at every grade level, nor do they guarantee adequate training for all teachers. One study found that only 5 percent of the surveyed districts require HIV education at all levels and one-fifth of teachers nationwide had not been trained by the end of the 1988-89 school year.[25]
- All 50 states permit a minor to consent to treatment for an STD, but only five states specifically authorize minors to give consent to HIV testing.[26]
- Only 10 percent of primary care physicians surveyed in 1988 ask their patients questions that might reveal their STD status,[27] and in 1985, almost half of U.S. medical schools offered no clinical curricula on STDs.[3]

Compiled by Christina Biddle, July 1990

The facts

Adolescents, AIDS, and the Human Immunodeficiency Virus

Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS), is epidemic in the United States, affecting all sectors of society. Many public health officials believe that teenagers, because of their experimentation with sex and drugs, are at increasingly high risk of becoming infected with HIV.

Status of HIV infection in the U.S.

- An estimated 1 to 1.5 million Americans are infected with HIV.[1]
- As of February 28, 1989, 88,096 cases of AIDS in the U.S. and 51,310 deaths caused by AIDS had been reported to the Centers for Disease Control.[2]
- These numbers underestimate the true magnitude of HIV morbidity, since many clinical manifestations are not reportable even under the current AIDS surveillance definition.[3]
- The U.S. Public Health Service predicts there will be 365,000 diagnosed cases of AIDS and 263,000 deaths caused by AIDS reported to the Centers for Disease Control by the end of 1992.[1]
- In 1992, 172,000 AIDS patients will require medical care at a cost expected to range from $5 billion to $13 billion.[3]

Terminology

The Presidential Commission on the Human Immunodeficiency Virus Epidemic has determined that the term "AIDS" no longer adequately describes the scope of the public health problem society faces. The Commission's final report stated: "The term 'AIDS' is obsolete. 'HIV infection' more correctly defines the problem. . . Continued focus on the label 'AIDS' contributes to the lack of understanding of the importance of HIV infection as the more significant element for taking control of the epidemic."

HIV infection among teenagers and young adults

- As of February 28, 1989, 352 cases of AIDS among teenagers were reported to the Centers for Disease Control. Of the teenagers infected, 46 percent are white, 34 percent are Black, 18 percent are Hispanic and 2 percent are of other races.[2]
- Over one-fifth of people with AIDS are in their twenties.[2] Because the latency period between HIV infection and onset of symptoms is about ten years[4], most of these people probably contracted HIV as teenagers.
- AIDS cases among 13 to 19-year-olds increased by 51 percent between February 29, 1988[5] and February 28, 1989.[2]
- A greater proportion of adolescents than adults with AIDS are female (18 percent vs. 9 percent), are Black and Hispanic (52 percent vs. 41 percent)[2] and were infected with HIV through heterosexual contact (9 percent vs. 4 percent).[6]
- Of the 1,111 homeless and runaway youth anonymously tested for evidence of HIV infection, 74 (7 percent) indicated signs of the virus, according to the results of a New York City study conducted from October, 1987 to October, 1988.[7]
- AIDS is the leading cause of death for women ages 25 to 34 in New York City; among women ages 15 to 24, it is the fourth most common cause of death.[8]

Teens at risk

Sexual intercourse

- On average, young women first engage in sexual intercourse when they are 16.2 years old. For young men, the average age of first intercourse is 15.7 years.[9]
- For most young men and women, the decision to have sex is spontaneous. Only 17 percent of young women and 25 percent of young men report planning their first act of intercourse.[9]
- One in six high school girls engaging in sexual intercourse has had at least four different sexual partners.[10]
- Incidence of homosexual behavior, potentially of a high-risk nature, has been reported in surveys conducted over the past several decades to occur in 17 to 37 percent of adolescent males.[11]

Sexually transmitted diseases

- A recent study shows that people with a history of sexually transmitted diseases (STDs) have a higher incidence of HIV infection than people with no such history.[12]
- Each year, 2.5 million teenagers contract an STD — or about one teenager in every six.[10]
- While latex condoms, used consistently and correctly, are not 100 percent effective in protecting against HIV infection, they provide the best protection available for people engaging in sexual intercourse.[13]
- Only 24 percent of sexually active women aged 15 to 19 use contraception consistently. Of the young women using contraception, only 21 percent protect themselves against STDs by using condoms.[14]
- In a recent study of Washington, DC drug and convenience stores, teenagers found it difficult to find and buy condoms, and females had more negative experiences buying condoms than did males.[15]

Drug and alcohol use

■ Use of drugs and alcohol impairs a person's willingness and ability to use condoms or other precautions while having sex.[11]

■ Among adolescents surveyed in 1987, about one-fourth of 8th grade students (26 percent) and more than one-third of 10th grade students (38 percent) report having had five or more alcoholic drinks on one occasion during the previous two weeks.[16]

■ About one out of every fifteen adolescents has tried cocaine.[16]

■ In a 1987 study conducted for the National Institute on Drug Abuse, 1.2 percent of U.S. high school seniors reported having used heroin.[17]

Runaways and prostitution

■ About one million U.S. teenagers run away from home each year.[18]

■ An estimated 125,000 to 200,000 teenage men and women become involved in prostitution each year; approximately one-third of these young people are not runaways.[19]

Knowledge and attitudes about HIV infection/prevention

■ The 1987 National Adolescent Student Health Survey of eighth and tenth graders revealed that:
- More than one-third of the students did not know the common early signs of STDs.
- More than one-half of the students did not know that birth control pills do not provide protection against STDs.
- Two-thirds of the students (67 percent) did not know that washing after sex is an ineffective way of avoiding STDs.[16]

■ A 1987 NBC poll found that 91 percent of adults approve of teaching AIDS prevention to children in public schools.[20]

■ Of these same adults, 79 percent favor television advertising to promote the use of condoms for AIDS prevention.[20]

■ In a national study, 98 percent of school administrators indicated that AIDS instruction belongs in the regular school curriculum. Eighty-five percent believe that a discussion of safe sex along with abstinence is more realistic than abstinence alone.[21]

■ Almost all teens (89 percent to 96.8 percent) in urban studies agree that it is important for students their age to receive AIDS education instruction through the school curriculum.[22]

Notes

1. Centers for Disease Control, *Morbidity and Mortality Weekly Report*, (*MMWR*), Vol. 37, No. 36, September 16, 1988.

2. Centers for Disease Control, *HIV/AIDS Surveillance Report*, March 1989.

3. Journal of the U.S. Public Health Service, Report of the Second Public Health Service AIDS Prevention and Control Conference, *Public Health Reports*, Vol. 103, Supplement No. 1, p. 10, 1988.

4. Bacchette, P. & Moss, A., *Nature*, March 16, 1989.

5. Centers for Disease Control, *Acquired Immunodeficiency Syndrome Weekly Surveillance Report*, February 19, 1988.

6. Goldsmith, Marsha F., "Stockholm Speakers on Adolescents and AIDS: 'Catch Them Before They Catch It,'" *Journal of the American Medical Association (JAMA)*, Vol. 260, No. 6, p. 758, August 12, 1988.

7. Kennedy, Dr. James T., Covenant House Study, October 1988.

8. Berenson, L., Biostatistics Division, New York City Department of Public Health, telephone interview, December 18, 1987.

9. Zelnik, M. and Shah, F., "First Intercourse Among Young Americans," *Family Planning Perspectives*, March-April 1983.

10. Madaras, Lynda, *Lynda Madaras Talks to Teens About AIDS*, Newmarket Press, p. 36, 1988.

11. Remafedi, G., M.D., M.P.H., "Preventing the Sexual Transmission of AIDS During Adolescence," *Journal of Adolescent Health Care*, Vol. 9, No. 2, pp. 139-143, March 1988.

12. Cates, Willard, "The 'Other STDs:' Do They Really Matter?" *JAMA*, Vol. 259, No. 24, p. 3606, June 24, 1988.

13. Centers for Disease Control, "Guidelines for Effective School Health Education To Prevent the Spread of AIDS," *MMWR*, Vol. 37, No. S-2, January 29, 1988.

14. Bachrach, C.A., Horn, M.C., Mosher, W.D., and Pratt, W.F., "Understanding US Fertility: Findings from the National Survey of Family Growth, Cycle III," *Population Bulletin*, Vol. 39, No. 5, December 1984.

15. Center for Population Options, "Teens' Survey of Stores in the District of Columbia on Accessibility of Family Planning Methods," 1988.

16. American School Health Association, Association for the Advancement of Health Education and Society for Public Health Education, *National Adolescent Student Health Survey*, 1987.

17. U.S. Department of Health and Human Services, National Institute on Drug Abuse, press release, April 1988.

18. U.S. Department of Health and Human Services, *Fiscal Year 1985 Study of Runaways and Youth*, Washington, DC, 1986.

19. Loken, G., Covenant House, New York, telephone interview, March 1987.

20. National Broadcasting Corporation, Inc., "NBC News Poll Results," New York, January 16, 1987.

21. American Association of School Administrators, Arlington, VA, 1988.

22. Centers for Disease Control, *MMWR*, Vol. 37, No. 47, December 2, 1988.

Center for Population Options

The Center for Population Options (CPO) is a nonprofit educational organization dedicated to improving the quality of life for adolescents by preventing too-early childbearing.

CPO's national and international programs seek to improve adolescent decision-making through "life planning" and other educational programs, to improve access to reproductive health care, to promote the development of school-based clinics, and to prevent the spread among adolescents of HIV and other sexually transmitted diseases.

Center for Population Options
1025 Vermont Avenue, N.W.
Suite 210
Washington, D.C. 20005 USA
(202) 347-5700

© Center for Population Options
April 1989.
Permission is hereby granted to quote or reproduce with credit to CPO.